



## Living a Healthy Life With Chronic Conditions

### Workshop Information Cover Sheet

**Instructions to the Group Leaders:** Please provide the requested details about this workshop. Please print clearly. Use this as a cover sheet for the completed data collection forms to return to the Survey Coordinator through SharePoint.

1. Site Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
2. Group Leaders' Names (Please provide full first and last names.) If we may contact you with questions about these forms, please provide your daytime phone number as well.  

\_\_\_\_\_

\_\_\_\_\_

First Name

Last Name

☐ Staff or  
☐ Volunteer? Ph: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

☐ Staff or  
☐ Volunteer? Ph: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

First Name

Last Name

☐ Staff or  
☐ Volunteer? Ph: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_
3. Workshop Start Date (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_  
End Date (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_
4. Did you offer a "Session 0" with this workshop? ("Session 0" is an optional pre-workshop session. Not all workshops offer a "Session 0".)  

☐ Yes  
☐ No  
☐ Don't know
5. What type of workshop is this? (Mark only one.)  

☐ Chronic Disease Self-Management Program (CDSMP)  
☐ Tomando Control de su Salud (Spanish CDSMP)  
☐ Diabetes Self-Management Program (DSMP)  
☐ Tomando Control de su Diabetes (Spanish DSMP)  
☐ Arthritis Self-Management Program (ASMP)  
☐ Programa de Manejo Personal de la Artritis (Spanish ASMP)

For Survey Coordinator Use Only

Host Organization Name: \_\_\_\_\_

Funding Source for this Workshop: ☐ AoA ☐ CDC Arthritis Program ☐ Both AoA/CDC ☐ Other

**Please turn over** 

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## ***Workshop Information Cover Sheet—continued***

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6. Number of participants *enrolled*, attending at least 1 session \* : \_\_\_\_\_

7. Number of participants who *completed at least 4 sessions* \* : \_\_\_\_\_

\* *Excluding “Session 0”*

8. Number of *Participant Information Surveys* included in the returned packet: \_\_\_\_\_

If the number of forms is fewer than the number of participants noted in #6 above, please provide a brief explanation (e.g., illness, refusal, loss or destruction of forms, etc.):

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### **Forms Checklist Examples**

#### ***Sample instructions if Group Leaders will return all forms at one time:***

Please return the following forms to the Survey Coordinator (contact information below) within 48 hours after the final session:

- ☐ This *Workshop Information Cover Sheet*
- ☐ *Attendance Log*
- ☐ All completed *Participant Information Surveys*

#### ***Sample instructions if Group Leaders will return forms as they are completed:***

- ☐ After the first session, complete items 1-5 of this form. Make a copy.
- ☐ Return this copy along with the completed *Participant Information Surveys* to the Survey Coordinator (contact information below) within 48 hours after the first session.
- ☐ Keep the original of this form. At the conclusion of the workshop, complete items 6-8 of the original of this form and send with the *Attendance Log* to the Survey Coordinator (contact information below) within 48 hours after the final session.

[Matt Naikelis, <https://myshare.in.gov/FSSA/pmo/ida/aaaDATA/aaaportal/default.aspx>]